

Town of Clarence
COVID 19 Questionnaire and Showing Rules

The undersigned, person or persons to view the property located at **10871 Main Street in the Town of Clarence NY** (the PROPERTY), hereby acknowledge(s) the changing circumstances surrounding the global pandemic, COVID-19, requires different protocols surrounding property showings and/or inspections. The TOWN OF CLARENCE, (SELLER) agrees to allow access to the premises for purposes of showing or inspecting the PROPERTY provided that the undersigned fills out the questionnaire below prior to viewing or inspecting the PROPERTY.

1. Have you or anyone who will be attending this showing been tested positive for COVID-19 or demonstrating symptoms such as fever, cough, shortness of breath or difficulty breathing?

_____ Yes _____ No

2. Have you or anyone who will be attending this showing been exposed to anyone with COVID-19 symptoms such as fever or cough or difficulty breathing within the past 14 days?

_____ Yes _____ No

3. Have you or anyone who will be attending this showing traveled via commercial airlines/visited any state that has been placed on New York State's Travel Advisory Quarantine List or been out of the country within the past 14 days?

_____ Yes _____ No

4. Have you or anyone who will be attending this showing been exposed to anyone that has been self-quarantined or presumptive positive for COVID-19 within the past 14 days?

_____ Yes _____ No

By signing below, the undersigned hereby waives any claim we now have, or ever had, against the TOWN, its successors and/or assigns from and against any and all liability, loss, damage, claim or action, including reasonable Attorney's fees and costs, to the extent permissible by law, arising out of any harm caused to our personal health, including but not limited to contracting the novel COVID-19, while on the premises owned by the TOWN.

I affirm the above answers are true and accurate. (Person viewing/inspecting PROPERTY to sign below.)

_____ Print Name	_____ Signature	_____ Date
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_____ Print Name	_____ Signature	_____ Date
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_____ Print Name	_____ Signature	_____ Date
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Town Representative:

_____ Print Name	_____ Signature	_____ Date
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